

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90062 013 \*\*\*150.00

018451 AV

**DOCUMENT # P93000006545**

1. Entity Name

**KEYS BODYFIT AEROBICS, INC.**

Principal Place of Business

~~99198 OVERSEAS HWY~~

~~SUITE 9~~

~~KEY LARGO FL 33037~~

~~US~~

Mailing Address

**PO BOX 1466**

**TAVERNIER FL 33070**

**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**Tradewinds Plaza**

Suite, Apt. #, etc.

**101401 Overseas Hwy**

3. Mailing Address

**PO Box 1466**

Suite, Apt. #, etc.

City & State

**Key Largo, Florida**

City & State

**Tavernier, Florida**

4. FEI Number

**65-0385306**

Applied For

Not Applicable

Zip

**33037**

Country

**USA**

Zip

**33070**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PIEKLO, BARBARA L**

**99198 OVERSEAS HWY**

**KEY LARGO FL 33030**

7. Name and Address of New Registered Agent

Name

**Barbara L Pieklo**

Street Address (P.O. Box Number is Not Acceptable)

**17 Corrine Place**

City

**Key Largo**

**FL**

Zip Code

**33037**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

*Barbara L. Pieklo*

*Dr*

*4/15/02*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **DO** ☐ Delete  
NAME **PIEKLO, BARBARA**  
STREET ADDRESS **P.O. BOX 1466**  
CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Barbara L. Pieklo*

*4/15/02 305/453-0701*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)